



YOUTH TOBACCO PREVENTION PROGRAM COMPLIANCE CHECK DATA REPORTING

BUSINESS NAME	UBI NUMBER	
ADDRESS	CITY	ZIP
DATE OF CHECK	TIME OF CHECK	(CHECK ONE BOX) <input type="checkbox"/> A.M. (1) <input type="checkbox"/> P.M. (2)

SECTION I

Adult Only Venue (bar, lounge, membership club – where youth must be over 18 to enter)?

☐ Yes (1) ☐ No (2)

Is this a required Synar compliance check? ☐ Yes (1) ☐ No (2)

Type of Business:

<input type="checkbox"/> Convenience Store (1)	<input type="checkbox"/> Grocery Store (6)
<input type="checkbox"/> Convenience/Gas Station (2)	<input type="checkbox"/> Pharmacy/Drug Store (7)
<input type="checkbox"/> Gas Station Only (3)	<input type="checkbox"/> Department Store (8)
<input type="checkbox"/> Restaurant (4)	<input type="checkbox"/> Tobacco Discount Store (9)
<input type="checkbox"/> Bar/Lounge (5)	<input type="checkbox"/> Other

Were you asked your age? ☐ Yes (1) ☐ No (2)

Were you asked for identification? ☐ Yes (1) ☐ No (2)

If YES, did you show ID? ☐ Yes, Driver's License (1) ☐ Yes, Military Dependent ID (3)

☐ Yes, State ID (2) ☐ Did not use ID (4)

If YES, did escort check ID? ☐ Yes (1) ☐ No (2)

Was the required yellow sign posted at the point of purchase? ☐ Yes (1) ☐ No (2)

How was the tobacco for sale?

☐ Self-serve/picked up tobacco without asking (1)
☐ Vending machine (2) ☐ Over-the-counter/had to ask clerk (3)

Type of tobacco purchased/attempted to purchase:

☐ Cigarettes (1) ☐ Smokeless tobacco (3) ☐ Bidis (5)
☐ Single Cigarette (2) ☐ Cigar (4) ☐ Clove Cigarette (6)

Was the clerk: ☐ Female (1) ☐ Male (2)

How old was the clerk? ☐ Under 18 (1) ☐ 18-29 (2) ☐ 30-49 (3) ☐ 50+ (4)

Was a sale made? ☐ Yes (1) ☐ No (2)

If YES, what was the amount of purchase? \$ _____

If YES, was the violation referred to the Liquor Control Board for enforcement? ☐ Yes (1) ☐ No (2)

	YOUTH'S GENDER <input type="checkbox"/> Female (1) <input type="checkbox"/> Male (2)	YOUTH'S AGE	
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